



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2012

**Filing Period:** September 1 - November 1 • This report must be typed or printed legibly.

**Filing Fee:** \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>507612</u>		2. Exact name of the limited liability company <u>m settlements LLC</u>			
3. State of Formation <u>OREGON</u>		4. Brief description of the character of business conducted in Rhode Island <u>Life Settlement Insurance</u>			
5. Principal office address <u>1125 NW Couch St. Suite 900</u>		City <u>Portland</u>	State <u>OR</u>	Zip <u>97209</u>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <u>Andrew Graves</u>		Contact Title <u>V President</u>			
Street Address <u>1125 NW Couch St. Suite 900</u>		City <u>Portland</u>	State <u>OR</u>	Zip <u>97209</u>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED** 1201

FEB 12 2013

BY 02109762

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

Andrew Graves  
Print or Type Name of Authorized Person

11/31/13

**Andrew P. Graves** Manager, Vice President  
1205 Rosemont Road  
West Linn OR 97068  
503 657-8855  
570-90-5418

**Curtis Vaughan Rynties** Vice President  
3040 Wembley Park Road  
Lake Oswego OR 97034  
503 675-9157  
523-90-0789

**Daniel Francis Byrne** Manager  
18112 Westminster Drive  
Lake Oswego OR 97034  
503 705-9219  
023-46-8023

**David Walter Schutt** Secretary  
6975 SW Canyon Drive  
Portland OR 97225  
503 297-3731  
042-66-0203

**Fred Henry Jonske** Director, President,  
1153 SW FairFax Place Chief Executive Officer  
Portland OR 97225  
503 203-1153  
358-52-8463

**Kevin Bruce Kukar** Treasurer  
747 NE Royal Court  
Portland OR 97232  
503 234-2420  
541-66-3632

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